



EMERGENCY SERVICES COMMITTEE AGENDA

Emergency Services Committee Meeting
Wednesday, February 6, 2019
Tom Davies Square

***REVISED**

3:30 p.m. EMERGENCY SERVICES COMMITTEE MEETING
COMMITTEE ROOM C-11

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DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

APPOINTMENT OF CHAIR AND VICE-CHAIR

Report dated October 30, 2018 from the General Manager of Corporate Services regarding Appointment of Chair and Vice-Chair - Emergency Services Committee.
(RESOLUTION PREPARED)

4 - 5

(The Deputy City Clerk will call the meeting to order and preside until the Emergency Services Committee Chair and Vice Chair have been appointed, at which time the newly appointed Chair will preside over the balance of the meeting.)

PRESENTATIONS

1. Emergency Services Committee 2019 Outlook

(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)

- Joseph Nicholls, Interim General Manager of Community Safety

(A brief presentation to outline the expected work of the Emergency Services Committee for 2019.)

2. Report dated January 21, 2019 from the Interim General Manager of Community Safety regarding Ferno Power Stair Chair Implementation.

6 - 9

(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)

- Paul Kadwell, Deputy Chief of Paramedic Operations

(This presentation will provide information on new patient lifting devices (Ferno Model 59-T EX-Glide with Powertraxx stair chairs) that have recently been implemented in Paramedic Services. The principle goal of this implementation is to reduce injury to Paramedics.)

3. Report dated January 21, 2019 from the Interim General Manager of Community Safety regarding Mobile Data Terminals.

10 - 13

(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)

- Jesse Oshell, Assistant Deputy Chief

(This presentation will provide information on phase 1 of the project for Mobile Data Terminals (MDT) used in fire response vehicles to provide key response information to firefighters.)

CONSENT AGENDA

(For the purpose of convenience and for expediting meetings, matters of business of repetitive or routine nature are included in the Consent Agenda, and all such matters of business contained in the Consent Agenda are voted on collectively.

A particular matter of business may be singled out from the Consent Agenda for debate or for a separate vote upon the request of any Councillor. In the case of a separate vote, the excluded matter of business is severed from the Consent Agenda, and only the remaining matters of business contained in the Consent Agenda are voted on collectively.

Each and every matter of business contained in the Consent Agenda is recorded separately in the minutes of the meeting.)

CORRESPONDENCE FOR INFORMATION ONLY

C-1. Report dated January 20, 2019 from the Interim General Manager of Community Safety regarding Community Safety Department Update.

14 - 45

(FOR INFORMATION ONLY)

(This report provides a summary of the Community Safety Department statistics for 2018 and a briefing on current and upcoming activities.)

- C-2. Report dated January 18, 2019 from the Interim General Manager of Community Safety regarding Paramedic Services Opioid Surveillance and Reporting.
(FOR INFORMATION ONLY)

46 - 52

(The purpose of this report is to update the committee on the City of Greater Sudbury Paramedic Services Involvement in the Community Drug Strategy Call to Action as it pertains to opioid surveillance.)

ADDENDUM

CIVIC PETITIONS

QUESTION PERIOD AND ANNOUNCEMENTS

NOTICES OF MOTION

ADJOURNMENT

Request for Decision

Appointment of Chair and Vice-Chair - Emergency Services Committee

Presented To:	Emergency Services Committee
Presented:	Wednesday, Feb 06, 2019
Report Date	Tuesday, Oct 30, 2018
Type:	Appointment of Chair and Vice-Chair

Resolution

THAT the City of Greater Sudbury appoints Councillor _____ as Chair and Councillor _____ as Vice-Chair of the Emergency Services Committee for the term ending December 31, 2019, as outlined in the report entitled "Appointment of Chair and Vice-Chair - Emergency Services Committee", from the General Manager of Corporate Services, presented at the Emergency Services Committee meeting on February 6, 2019.

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report sets out the procedure for the election by the Committee of the Chair and Vice-Chair of the Emergency Services Committee for the term ending December 31, 2019.

Financial Implications

The remuneration of the Chair is provided for within the operating budget.

Signed By

Report Prepared By

Brigitte Sobush
Manager, Clerk's Services/Deputy City Clerk
Digitally Signed Oct 30, 18

Division Review

Eric Labelle
City Solicitor and Clerk
Digitally Signed Nov 15, 18

Financial Implications

Jim Lister
Manager of Financial Planning and Budgeting
Digitally Signed Nov 20, 18

Recommended by the Department

Kevin Fowke
General Manager of Corporate Services
Digitally Signed Nov 20, 18

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Nov 21, 18

Background

This report sets out the procedure for the election by the Committee of the Chair and Vice-Chair of the Emergency Services Committee for the term ending December 31, 2019.

The Procedure By-law provides that a Member of the Committee shall be appointed annually by the Committee to serve as Chair of the Emergency Services Committee. As well, a Vice-Chair is appointed annually.

The above appointments need only be confirmed by resolution.

Remuneration

The Chair of the Emergency Services Committee is paid \$1,239.47 per annum.

Selection

The selection of the Chair and Vice-Chair is to be conducted in accordance with Articles 33 and 37 of the Procedure By-law.

Council's procedure requires that in the event more than one (1) candidate is nominated for either the Chair or Vice-Chair's position, a simultaneous recorded vote shall be used to select the Chair and Vice-Chair.

It is always in order for a Member of Council to nominate themselves and to vote for themselves.

Once the successful candidates have been selected, a recommendation will be introduced.

Resources Cited

Council Procedure By-law 2011-235: <https://www.greatersudbury.ca/city-hall/by-laws/#frb>

For Information Only

Ferno Power Stair Chair Implementation

Presented To: Emergency Services Committee

Presented: Wednesday, Feb 06, 2019

Report Date Monday, Jan 21, 2019

Type: Presentations

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

Paramedic Services has identified repetitive lifting associated with the use of manual stair chairs is causing sprain/strain injuries to front line Paramedics. Analysis has showed a total of 35 injuries directly related to this type of lifting since 2013. Paramedic Services has purchased Ferno Powertraxx power stair chairs and is in the process of deploying them in all City of Greater Sudbury ambulances in order to reduce work-related injury to Paramedic staff.

Financial Implications

Any realized savings in WSIB from the implementation of the Ferno chair lift will be reflected in future budgets.

Signed By

Report Prepared By

Paul Kadwell
Deputy Chief of Paramedic Services
Digitally Signed Jan 21, 19

Financial Implications

Jim Lister
Manager of Financial Planning and Budgeting
Digitally Signed Jan 22, 19

Recommended by the Department

Joseph Nicholls
Interim General Manager of Community Safety
Digitally Signed Jan 22, 19

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Jan 23, 19

Ferno Power Stair Chair Implementation

Background:

The City of Greater Sudbury Paramedic Services transports over 20,000 patients annually. Some patients are not ambulatory and require Paramedics to utilize a manual “stair chair” device to carry them up/down stairs, prior to placing them onto the stretcher for transport to the hospital.

The repetitive cycle of lifting patients with the manual stair chair up and down flights of stairs has an adverse effect on the well-being of Paramedics and results in both fatigue and strain-type injuries with additional loss of productivity.

Paramedic Services undertook an analysis of injury rates from 2016 to 2018. There were a total of 35 injuries related to the use of the manual stair chair. These claims accounted for 28% of total reported claims during this period and resulted in a cost to the City of \$172K, in medical claims and \$161K in lost time for a total cost of \$333K over three years.

The 35 claims indicated above can, in part, be attributed to the following:

- Increase in patient weight (the Canadian Community Health Survey indicated that the 90th percentile weight of a Canadian male adult is now 228 lbs., this is up from the 1990’s).
- Paramedic physical fitness declining as they progress in their career.
- Paramedics carrying more medical equipment due to their expanded scope of practice.

Injury rates resulting from the physically demanding work by Paramedics are a significant concern for Paramedic Services. Evidence shows that a number of Paramedics end their careers due to disability, instead of retirement. This concern has been identified by the “Emergency Services Strategic Plan 2014-2020”, published July 30, 2014 with the stated intent to, “find alternative powered solutions to reduce the accumulative effects of lifting, while improving patient safety”.

In March of 2015, Paramedic Services implemented power stretchers and power load systems into all ambulances. Since this time, back injury strains and sprains relating to lifting or carrying the stretcher have been virtually eliminated. The implementation of these power lifting devices alone has resulted in an overall reduction of 60% of all reported injuries. The next logical step was to identify other powered equipment that could reduce strains and sprains.

Actions Taken:

Paramedic Services identified power stair chairs as another conveyance device with the potential to further reduce strain-type injuries to Paramedics. Currently, FERNO-Washington Inc. is the only manufacturer producing a power stair chair that meets the Ontario Ministry of Health and Long-Term Care Equipment Standards for Paramedic Services.

The Ferno Powertraxx is designed to climb or descend stairs with the push of a button. The Powertraxx has an electronically controlled motor and direct drive transmission with chair tracks. The tracks and motor carry the patient load, eliminating manual lifting up and down stairs by the Paramedics. The chair is powered by a battery, with the capacity to run up to twenty flights of stairs per charge. The chair's operation is controlled by easy-to-use paddle-style controls allowing the Paramedic to be in control at all times.

Benefits of the Power Stair Chair include:

- Allows provider to focus on proper patient care rather than worrying about the possibility of injury.
- Improves the patient experience by smoothly moving the patient, thereby minimizing the risk of patient falls and the uncomfortable jarring movements that can occur with a manual stair chair.
- Able to lift up to 500 lbs/227 Kg.
- Reduction of work-related injuries. Within Paramedic Services, about half of the on-the-job injuries sustained occur while lifting and moving patients (National Institute of Occupational Health and Safety).

In the fall of 2018, Paramedic Services purchased 25 Ferno Powertraxx, at a cost of \$185,000 with an anticipated life cycle of 10 years. Based on the experience of the power stretcher/power load implementation, where we saw the elimination of strain type injuries related to lifting and loading the ambulance stretcher. We would anticipate a reduction in stair chair related injuries of at least 50%, this means we would have an annual cost avoidance of \$55K, with a pay back in 3.3 years. Furthermore, this implementation will have a positive impact on Paramedic wellbeing, by reducing lifting effort and injuries related to the manual stair chair.

Paramedic Services expects to have all City of Greater Sudbury Ambulances equipped with Ferno Powertraxx units by the end of February 2019.

During the 2018 fall training sessions, all Paramedics received hands on training for the Ferno Powertraxx. Additionally, Platoon Trainers are actively in the field providing supplementary training when required.

On December 13, 2018 Paramedic Services assisted with evacuating residents of Walford on the Park Retirement Residence. This unit is a multi-level complex and was without use of its elevator due to the power being off. Approximately 20 residents with mobility issues required assistance to exit the building to awaiting transportation. This incident provided an opportunity for Paramedic Services to utilize the Ferno Powertraxx prior to it being deployed into regular service. This new equipment proved invaluable in safely evacuating residents from the upper floors. Paramedics were very comfortable using the units and once the evacuation was complete, Paramedics commented that they were very impressed with the chair with little physical effort to move the residents.

Conclusion

It is anticipated that the Ferno Powertraxx power stair chair will have a positive impact on the patient experience and the well-being of Paramedics. This will result in fewer injuries and prolonged careers for Paramedics through a dramatic reduction in the frequency of manual lifting required and the strain-type injuries that result. Paramedic Services will evaluate the power stair chair program, by continuing to monitor repetitive type injuries. Lastly, Paramedic Services will continue to look for opportunities and workplace improvements that positively affect employee wellbeing while they provide medical care to the citizens of the City of Greater Sudbury.

For Information Only

Mobile Data Terminals

Presented To: Emergency Services
Committee

Presented: Wednesday, Feb 06,
2019

Report Date Monday, Jan 21, 2019

Type: Presentations

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report and presentation provides an overview of an innovative project that installed Mobile Data Terminals (MDT) into front line, first responding apparatus to give firefighters immediate and live access to critical dispatch data, pre-incident plans, and incident location information.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

Jesse Oshell
Assistant Deputy Chief
Digitally Signed Jan 21, 19

Division Review

Darrel McAloney
Deputy Fire Chief
Digitally Signed Jan 21, 19

Financial Implications

Jim Lister
Manager of Financial Planning and
Budgeting
Digitally Signed Jan 21, 19

Recommended by the Department

Joseph Nicholls
Interim General Manager of Community
Safety
Digitally Signed Jan 21, 19

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Jan 23, 19

Executive Summary

An innovative project that installed Mobile Data Terminals (MDT) into front line, first responding apparatus to give responding firefighters access to the Mobile for Public Safety system (MPS). The MPS system includes real time access to the Computer Aided Dispatch (CAD) software that provides critical dispatch data from 911 Fire / Police Communications, Tactical pre-Incident plan information from our records management system (Firehouse), Occupancy Risk data (C.O.R.E. Tool), GroupWise email (CGS), GPS location data, and relevant Internet access. Fire Services utilizes MDT's to provide instant updates between Fire 911 Dispatch and responders through a cellular link that is off air (off digital radio), secure, and rapid. MDT units provide the CAD system with Fire apparatus GPS location data for closest unit responses to emergencies and give the user an ability to monitor the exact location of other responding units thus determining arrival times and beginning the building blocks of determining number of first responders available (through future Fire Services Mobile Responder plans). Further, MDT's allow real time data entry into Firehouse when fire crews are performing Tactical Preplans, Fire Safety Walk-through's, and Fire Education site visits.

Background

Greater Sudbury Police Services currently manages Fire Dispatch using a state of the art Computer Aided Dispatch (CAD) system called Hexagon CAD. This CAD uses a sophisticated network of computer hardware and software that also supports Police Service's own Mobile Data Terminal solution, Mobile for Public Safety (MPS). In order to utilize the CAD system and leverage its extensive capabilities, Fire Services manages it's MDT / MPS project with our partners in Policing Services who, in turn, own and manage the CAD. The Greater Sudbury Police Service's Information Technology department is responsible to work with Fire Services during any implementation, service, or support of this mobile software and ensures the current Police network can support the addition of any additional Fire Services MDT installs.

Fire Services has initially installed thirteen Mobile Data Terminals on strategically selected fire apparatus that exercise the functions and features of the system based on call volume. Each MDT is equipped with cellular data access through the CGS corporate cellular data plan, managed by the CGS Information Technology department.

Hexagon Safety and Infrastructure along with both the Greater Sudbury Police and Greater Sudbury Information Technology Departments have ensured the Mobile for Public Safety (MPS) software solution allows all functions and features described above to operate on the MDT in a safe and secure mobile environment.

Analysis

Working with Hexagon Safety and Infrastructure, the Greater Sudbury Police Information Technology department, and the City of Greater Sudbury Information Technology department, MPS software and hardware that runs the system in each apparatus has been prepared and the MDT units are configured for use under established corporate and departmental policies.

Hexagon Safety and Infrastructure provided training on MPS to Fire Services personnel in addition to providing MPS customization tools. The MPS software has been setup to Fire Services custom needs and circumstance based on input from administration and suppression staff during field testing.

Thirteen (13) Mobile Data Terminals (MDT) having the Mobile for Public Safety (MPS) software are installed into six front line fire units (Engine 1 – Main Station, Engine 2 – Minnow Lake, Engine 3 – New Sudbury, Engine 4 – Long Lake, Engine 16 – Val Caron, Ladder 1 – Main Station), the Platoon Chief unit, the Fire Chief unit, the Assistant Deputy units (ADC 1 – Jesse Oshell, ADC 2 – Brian Morrison), two Volunteer units (Engine 11 – Chelmsford, Engine 20 – Garson), and one spare/test unit. The MDT / MPS system is continuously being evaluated and monitored for accurate GPS location data reported in CAD, the data transfer time between MDT and CAD, cellular strength and availability across the geographic response area, and chute / response time comparisons (pre and post implementation of MPS).

Financial Implications

Greater Sudbury Police Services currently assumes financial responsibility for all Computer Aided Dispatch hardware, software, and upgrades. Fire Services is solely responsible for the initial MPS server software and licensing, initial MDT hardware, annual MPS licensing, and annual cellular data.

A capital request for implementation of the MDT system in the remaining fifteen (15) Volunteer first responding units will be presented as part of the 2020 Budget Process. This report is for information only there are no financial implications.

Future Development

The success the MPS system has demonstrated now drives a desire for additional Mobile Data Terminals (MDT's) having the Mobile for Public Safety (MPS) software to be installed into the remaining fifteen (15) Volunteer first responding units. (Pumper 5 – Copper Cliff, Pumper 7 – Lively, Engine 8 – Whitefish,

Pumper 9 – Beaver Lake, Engine 10 – Azilda, Engine 12 – Dowling, Pumper 13 – Vermillion, Pumper 14 – Levack, Pumper 15 – Val Caron, Pumper 17 – Hanmer, Engine 18 – Capreol, Pumper 21 – Falconbridge, Pumper 22 – Skead, Pumper 23 – Coniston, Engine 24 – Wahnapiatae) Once installed the MDT / MPS systems would then be monitored and utilized in the same manner as existing units with continued positive outcomes expected.

Conclusion

The operation of the current MDT / MPS systems has been successful and now allow Fire Services access to real time data placed in the hands of first responders who can perform their duties more effectively and safely. Further, the system as implemented is designed to also allow for rapid and flexible expansion of MDT units into additional apparatus as required.

The MDT / MPS systems aide in decreasing response times, increasing meaningful pre-incident plan information to responding crews, and allow for a safer work environment for all firefighters. It additionally has been successful in GPS tracking of apparatus in the CAD system which assists in deployment considerations / responding resource allocations and it continuously provides vital incident details in a rapid manner to any responders using the system.

This continued success of the MDT / MPS systems are one of the factors in leading better response times, increased firefighter safety, and better overall outcomes at fire incidents.

For Information Only

Community Safety Department Update

Presented To: Emergency Services Committee

Presented: Wednesday, Feb 06, 2019

Report Date Sunday, Jan 20, 2019

Type: Correspondence for Information Only

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report for information was prepared to provide the Emergency Services Committee with good news stories and an update on Emergency Management, along with an overview and statistical information from Fire Services and Paramedic Services.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

Michael MacIsaac
Executive Deputy Chief of Community Safety
Digitally Signed Jan 20, 19

Financial Implications

Jim Lister
Manager of Financial Planning and Budgeting
Digitally Signed Jan 21, 19

Recommended by the Department

Joseph Nicholls
Interim General Manager of Community Safety
Digitally Signed Jan 20, 19

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Jan 23, 19

Greater Sudbury Emergency Management Update Report



Presented to: Emergency Services Committee on February 6, 2019

This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on information as it relates to recent business activities within the Emergency Management Section of the Community Safety Department.

The Emergency Management Section provides leadership, guidance and direction to ensure the City is safe. Governed by the Emergency Management and Civil Protection Act (EMCPA) with guidance from the Office of the Fire Marshal and Emergency Management, City Council and the Greater Sudbury Emergency Management Advisory Panel, the primary focus is to contribute to the safety of citizens through the effective management of community risks and emergencies.

July 9th Severe Weather Event

On July 9, 2018, City of Greater Sudbury was hit by a severe weather event which caused significant damage in New Sudbury, a highly populated residential and commercial area of the City. Although there were thunderstorm warnings in effect, the intensity of the storm was not anticipated.



All Storm Photos Courtesy of CBC

The storm brought high winds, hail and heavy rain which uprooted large trees, snapped power lines and damaged property.



To effectively manage the response and recovery activities, the Emergency Operations Center (EOC) and Community Control Group (CCG) were activated. This provided staff with the ability to analyze and support the affected area in a coordinated fashion while ensuring service levels were not affected in the remaining areas of the City.



In the aftermath of the storm over 3,000 residents were left without power overnight due to significant damage to hydroelectric infrastructure.



The City's public emergency notification system, Sudbury Alerts was activated to provide residents with emergency information. The system sent 77,146 notifications (in both English and French) to residents, which provided precautionary measures/information in the aftermath of the storm. Ten thousand six hundred and thirty-eight (10,638) residents confirmed they had received the notifications.

This severe weather event marked the first time the Everbridge system was used to activate the Emergency Operations Centre, Community Control Group and Support Staff during an emergency (simulated testing of the system had occurred earlier in the year).

There were no reported fatalities or significant injuries as a result of this event. In the months following the incident, the Emergency Management Section conducted an after-action report that aimed to highlight successes and provide recommendations for areas of improvement.



Master of Disaster Summer Camp

Leisure Services in partnership with Emergency Management hosted the first Master of Disaster Summer Camp from July 23rd to 27th. The day camp, which was organized for children aged 9-12, provided an opportunity for participants to learn about the different types of emergencies in our community and how they can help their families become better prepared.

Campers met with subject matters experts who may play a significant role in recovery activities to return the community to normal operations. This included off site visits to Greater Sudbury Utilities, Kelly Lake Wastewater Treatment Plant and Van Horne Fire Station. Campers also had onsite visits from community partners such as Amateur Radio Emergency Services (ARES), Ontario Mine Rescue, Vale, Public Health Sudbury & Districts and the Ontario



Society for the Prevention of Cruelty to Animals (OSPCA). There were thirty-three (33) participants in the summer camp.

Children's Water Festival

Emergency Management participated in the annual Children's Water Festival which provided a public education opportunity to teach students about the importance of having water in their emergency preparedness kit. Students were provided information about the key components of an emergency preparedness kit as well as identifying hazards in the community that could affect having a water supply. The Festival provided an opportunity to give meaningful messages to an audience of over 400 children, their teachers and parent chaperones.

Exercise Snowflake

Exercise Snowflake was held on November 27th and was designed to test the communication process between response and partner agencies who would be involved in a hazardous material release event. The process was enhanced with the addition of a few recommendations from previous incidents. The operating procedure was enhanced/revised to include the following measures:



- use of the Everbridge system to notify staff and residents
- addition of community stakeholders
- activation of the emergency teleconference line for information gathering and coordinated advanced planning in the event of incident escalation

The exercise also provided training and awareness for the Community Control Group and staff. Activities such as this assist in continuously improving our Standard Operating Procedures (SOPs) by identifying any gaps as well as assisting responding and partnering agencies in improving their response procedures.

Basic Emergency Management Course

The Community Safety Department hosted two Basic Emergency Management course for 2018 (September and November).

Basic Emergency Management (BEM) is a two-day provincial certification course taught through the City of Greater Sudbury's (CGS) Emergency Management Office. BEM provides an overview of emergency management in Ontario and introduces the basic concepts of emergency management including the systems and process for preventing, mitigating, preparing for, responding to and recovering from emergencies and disasters. For these sessions, training was provided by Emergency Management Officer Latoya McGaw and Regional Advisor, North Business Continuity and Emergency Management Unit at Ontario Ministry of the Attorney General, Carolyn Salem. A total of 38 participants received training in this course.

Basic Emergency Management courses for 2019 are scheduled as follows:

- May 30 & 31, 2019
- September 19 & 20, 2019

Emergency Operations Centre (EOC) Support Staff Training

The Emergency Operations Centre (EOC) Support Staff team consists of employees from across the organization who have volunteered to provide support to the Community Control Group during EOC activation. Support Staff are trained on EOC activation and deactivation procedures, operation of crisis communication software as well as administrative duties. Currently, there are 29 EOC Support Staff members.

The final training session for 2018 was held over a course of three days (September 12-13, 24) with 16 EOC Support Staff in attendance.



Evacuation of Walford on the Park Retirement Residence

On December 13, 2018 Greater Sudbury Emergency Management was advised of a possible evacuation of the Walford on the Park Retirement Residence in Copper Cliff due to a watermain break which flooded the basement of the building.

While investigating an alarm call, Fire Services noted that the flooding in the basement had compromised the building's life safety systems such as the heating and electricity as well as the fire alarm. Being without heat and power, the decision was made to evacuate the residence.

The Emergency Services within the Community Safety Department (Fire Services, Paramedic Services and Emergency Management) coordinated with the facility's management team to identify resources and develop an organized, systematic process that would allow for the safe evacuation of the residence. Families of the residents were also contacted to advise them of the situation unfolding and, where possible, were asked to house their loved ones until it was safe to return to the residence.



Photo courtesy of Sudbury.com



Photo courtesy of Sudbury.com

Firefighters, paramedics, emergency management and residence staff assisted with the loading of the remaining 39 residents onto Sudbury Transit and Leuschen Transportation buses before they were transported to their temporary residence/alternate location.

The evacuation was completed in 1 hour and 37 minutes and a

full check of the building was conducted to ensure no resident had returned to the building unnoticed.

The Canadian Red Cross was activated to assist with the registering of residents as well as identifying their needs as they arrived at the temporary residence/alternate location in downtown Sudbury. The building's heating and electrical systems were repaired a few days later and an inspection of the



building was completed by Fire Services before the residents were allowed to return to the residence.

All residents were accounted for and there were no reports of injuries to residents or staff.

Emergency Management Ministry Compliance

All municipalities in Ontario are required to establish and maintain an Emergency Management Program in accordance with the requirements under the Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9.

The Office of the Fire Marshal and Emergency Management (OFMEM) performs an annual year end audit of all municipal emergency management programs in Ontario. An online submission indicating areas of compliance along with the submission of supporting documents must be submitted by the Community Emergency Management Coordinator (CEMC), declaring that the Municipality (City of Greater Sudbury) has completed all of the annual requirements.

Greater Sudbury's Emergency Management Section has undertaken many initiatives in 2018 to achieve compliance with the requirements of the Act and Ontario Regulations 380/04. Our submission of the online compliance requirements was completed prior to the end of 2018.

OFMEM will review Greater Sudbury's submission and advise if the municipality has met the requirements of the Act. Since the implementation of the Act, Greater Sudbury has continuously met and exceeded the requirements under the legislation.

Greater Sudbury Fire Services Update Report

Presented to: Emergency Services Committee on February 6, 2019



This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on good news stories and relevant statistics as well as recent business activities within the Fire Services Division of the Community Safety Department.

Fire Services is responsible for delivering proactive public safety and response programs to prevent emergencies wherever possible and to preserve and enhance life, property, and the environment where response is required.

Good News Stories

Community Safety Recognition Night

On October 4th, 2018 we held our Community Safety Recognition Event. The evening was an opportunity to honour the men and women from our Service for their years of work as well as present our peer recognition awards, for the combined years of 2016/2017. Members of the community and citizens were also acknowledged for their continued partnerships with Fire Services. We were fortunate to have with us that evening a number of dignitaries and peers to help in presenting numerous pins, bars and medals in acknowledgement of the years of dedicated service provided by our administration and front-line workers on municipal, provincial and federal levels.

Winner of the Dennis Pietrobon Memorial Award was Fire Captain Mike Ouellette. This award is presented on behalf of the late Platoon Chief, Dennis Pietrobon, who displayed dedication to his career through knowledge of the trade while displaying calm and decisive leadership in times of adversity as well as compassionate nurturing of colleagues and service to the citizens of Sudbury through his charitable works and sponsorships. Captain Ouellette's outstanding leadership demonstrates a respect and understanding for career and volunteer firefighters' skills and experience and allows for appropriate contributions and learning from either group as he fills a co-incident command role. Captain Ouellette was out of country at the time of the ceremony and received his award after he returned.

2016/17 Volunteer Firefighter of the year was Captain Terry Giroux from Station 8. This award is given to the volunteer who demonstrates perseverance toward excellence in quality contributions to the Fire Service and community. Captain Giroux is always professional, approachable, a good listener, a strong mentor, a team player and consistently demonstrates outstanding ability in his work.

A number of awards were also distributed to Community Safety employees, community partners, businesses and citizens who demonstrated exemplary support to the Community Safety Department.

2016/2017 Corporate Citizen Award was given to Boyuk/Johnny's Towing. Robert and Manon Berthiaume accepted the award on behalf of Boyuk's. They always allow fire crews to come to their property to train for auto extrication. Training is a crucial part of what firefighters do, getting the



equipment and tools is one thing but access to vehicles is critical. The Berthiaume's have repeatedly opened their gates to allow us into their yard or have dropped off or picked up vehicles at a location of our choice. Their support has been invaluable.

2016/17 Community Safety Award went to Jayson Martin. Mr. Martin is the Facility Maintenance Technician at CLELC and is extremely committed, takes his job to heart and always acts professionally and with a positive attitude. He is well known for his smile and as a lead to the custodians, sets a good example by portraying a positive outlook when dealing with clients, staff and other Ccity departments.

As previously noted, pins, bars and medals were awarded to firefighting personnel in recognition of community milestones. Those not in attendance received their honours within their stations. The following is the list of recipients for 2016/17.

Municipal 10 Year Service Pin

Career Firefighters

Adam R Blais	Wade Bretschneider	Trevor Fera	Corey Fletcher
Mike N Frost	Gaston Guignard	Trevor Henri	Patrick Kavanaugh
Ryan Petrenko	Mitch Theriault	Vincent Villa	

Volunteer Firefighters

Gary Bass	David S Bates	Nicole Brabant	Tammy D Breault
Dennis Carroll	Fred A Constantin	Brent A Hagen	Benoit Hogan
Michael A Riutta	Kyle T R Sarkijarvi	Brad Westby	

Municipal 15 Year Service Pin

Career Firefighters

Justin Bergeron	Brent Cadotte	Brad Croome	Richard Dodge
Andrew Kokko	Mark Laporte		

Volunteer Firefighters

Dustin Pratt	Adam Russell		
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Municipal 20 Year Service Pin

Career Firefighters

Robin Charbonneau	James Gervais	Yvon Henri	Wayne Knight
Richard Landry	Andre Laurin		

Volunteer Firefighters

Gilles Goudreau	Stephane Lagrandeur	Calvin Rees	Brian Yensen
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Federal 20 Year Service Medal

Career Firefighters

Richard Dodge	Andrew Kokko	Robin Charbonneau	James Gervais
Yvon Henri	Wayne Knight	Richard Landry	Andre Laurin

Volunteer Firefighters

Gilles Goudreau	Stephane Lagrandeur	Calvin Rees	Brian Yensen
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Municipal & Provincial 25 Year Service Pins & Medals

Career Firefighters

Peter Ferguson Donald McMillan Louie Petrone

Volunteer Firefighters

Gilles Bradley Lester Burrell David P Deschamps Terry Lawrence
Rodney J Rienguette Donald St.Amant

Municipal, Provincial & Federal 30 Year Service Pins & Medals

Career Firefighters

John Hache Allan Lammi Phil Langis Cory Lariviere
Tony Staalstra Gord Stauffer Michael Valiquette

Volunteer Firefighters

Denis Mallette Ivan Paquette

Municipal & Provincial 35 Year Service Pins & Medals

Career Firefighters

Terry Larocque

Volunteer Firefighters

Paul M Boulay

Provincial 35 Year Service Medal

Career Firefighters

Russell van der Jagt

Mayor's Award of Excellence

On December 11, 2018 Fire Training Officer Chris Zawierzeniec, was presented the Mayor's Award of Excellence for his work in creating and delivering confined space training to City of Greater Sudbury Water / Wastewater staff. This training and program delivery demonstrates a great collaboration between the CGS departments and offers a high level of education to staff and is a perfect example of an enterprise-wide initiative which provides added value to both the training section and the department receiving the training.





Highlighting Female Firefighters



Sudbury Living magazine highlighted Firefighter Darcie Merrill for their fall 2018 issue. Firefighter Merrill is a dedicated member of the Greater Sudbury Fire Service who has been a strong advocate of Women in the Fire Service and was the first female professional Firefighter in Northern Ontario, starting her career 13 years ago.

Fire Operations

Fire Operations is the response branch of the Fire Service, responding to emergency and non-emergency incidents. Response incidents fall into four general categories; medical responses, technical rescues, hazardous material responses, and of course fires. The Operations group is made up of both Volunteer and Career responders.

Fire Services Statistics

January 1, 2018 – April 30, 2018

Major Fire Loss Incidents		
Date	Location	Estimated Loss
January 3, 2018	Laurier St West, Sudbury	\$150, 000
February 8, 2018	Glendale Ct, Sudbury	\$225, 000
February 9, 2018	Ferguson Ave, Capreol	\$130, 000
February 10, 2018	Radar Rd, Hanmer	\$115, 000

Fire Services Update Report - Wednesday, February 6, 2019



March 3, 2018	Paul St, Whitefish	\$350, 000
March 3, 2018	Edith St, Sudbury	\$330, 000
March 15, 2018	Dearbourne Dr, Sudbury	\$150, 000
April 23, 2018	Dupuis Dr, Sudbury	\$240, 000
March 3, 2018	34 Paul ST	\$350,000
March 3, 2018	51 Edith ST	\$330,000
May 18, 2018	2351 Main ST	\$1,350,000
August 3, 2018	4990 Dupis DR	\$450,000
September 6, 2018	2341 Sandy Cove RD	\$320,000
October 12, 2018	2564 ValleyView RD	\$580,000
November 3, 2018	80 Barry ST	\$340,000
TOTAL Estimated Loss for all 356 Incidents		\$3,720,000

Data Source: Fire House

Incident Type	2018 Totals	2017 Totals
Fires	356	272
Fire Alarms	899	1219
Vehicle Collisions	996	887
Open Air Burning Response	255	270
Medical Assistance	1530	770
Other Incidents (assisting other agencies, no incident found on arrival, etc.)	957	1329
Total	4993	4747
Total Apparatus Responses to Incidents 2018	9624	8815

Data Source: Fire House

Volunteer Recruitment 2018

Two general Volunteer Recruitment intake rounds were held in 2018, June and September. Forty-four new Volunteer Recruits became probationary Firefighters with Greater Sudbury Fire Service. Post cards, Social media, and traditional media (newspaper and TV) were used to promote and target key areas of Greater Sudbury for increased awareness to the public of our recruitment efforts.

- 110 Applications (200 in 2017)
- 46 offers signed (42 in 2017)
- 2 withdrawals (Dowling & Capreol) prior to orientation (4 in 2017)



- 44 applicants were offered employment (38 in 2017) and successfully trained and deployed within the stations as follows:

Copper Cliff – 2	Val Caron – 2	Garson – 5	Azilda – 6
Waters – 5	Val Therese – 4	Coniston – 3	Chelmsford – 3
Lively – 2	Hanmer – 4	Wahnapitae – 2	Dowling – 2
Whitefish – 2	Capreol – 1		Levack – 2
Beaver Lake – 1			

Volunteer Recruitment 2019

In 2019, there are currently 27 applicants in the open application pool for Volunteer recruitment. These applications, and any others who apply, will be reviewed and contacted for possible employment in 2019.

Career Recruitment 2019

Recruitment is in progress for approximately 10 Career Firefighters who shall be placed in one of the four Platoons, which staff the one composite and four full time stations across Greater Sudbury. The application process began on January 3, 2019 and will remain open until January 18, 2019. Testing and interviews will be conducted during the month of February with offers of employment to the successful candidates following shortly afterward.

Public Fire Safety Education/Fire Prevention

Public Fire Safety Education and Fire Prevention work hand in hand to proactively deliver programs aimed at ensuring safe communities. Public Education provides directed and focused fire safety programs to reduce risk where Fire Code enforcement has a diminished impact and where emergency response is delayed due to the City's geography.

Fire Prevention conducts inspections and enforces various sections of municipal by-laws and provincial legislation. The Section's goal is to reduce the possibility and severity of fire or explosion, by providing tools, resources and leadership to the community, with a focus on disadvantaged and vulnerable citizens.



Public Fire Safety Education

For the year 2018, the Public Fire Safety Section completed 62 citizen encounters engaging with a total of 11,907 persons. The Section continues its endeavour to ensure public safety through programs including Learn Not to Burn, Senior's Fire Safety, Student Housing Fire Safety, TAPP-C Arson Prevention Program, Industrial Fire Safety, and Fire Extinguisher Training.

The Section was instrumental in planning and hosting a very successful Fire Prevention Week in October, with the kick off at Valley View Public School.

The Section continues its mandate to educate, inspect, and enforce to ensure a safer city.



Retirement Residence Evacuation

On December 13, 2018 the Fire Prevention Section joined Fire Operations, Paramedic Services, and Emergency Management in evacuating The Walford on the Park Residence in Copper Cliff due to a water leak. The primary role of Fire Prevention was to ensure that the building was safe for residents and staff who were evacuating, as well as emergency personnel, and workers who would be on site for several days. Once the fault was remedied, the Section then assessed the building and fire safety systems to ensure they were safe for re-occupation after repairs were completed.





Fire Prevention Initiatives

The Fire Prevention Section was able to complete 1864 inspections for 2018. These inspections are scheduled through request, complaint, or through the section by way of a targeted program. The Section will be working to identify key performance indicators to monitor throughout the year, ensuring that areas for improvement are proactively identified. The Section also continues to enforce legislation and code compliance, protecting both the citizens of the City and the corporation.

Fire Fleet/Logistics

Fleet provides logistical and maintenance support to ensure fire vehicles, equipment and buildings are maintained and repaired in accordance with applicable legislation, regulations, policy and manufacturers' suggested standards.

Year End Information



The Fleet Section processed 1058 requests for repair and completed all of the 70 mandatory Ministry of Transportation (MTO) inspections for the year in concert with City Fleet. The inspections were scheduled and coordinated so that fire coverage was not adversely affected. An MTO inspection is coupled with an annual vehicle inspection, where a thorough examination of the vehicle is performed, and necessary repairs are completed. An average MTO/annual inspection takes 3-7 days.

Vehicle Pre-build Meeting

In September, representatives from Fire Management, Fire Fleet/Logistics, and City Fleet visited the E-One truck plant for a pre-build meeting for the Aerial Ladder being built for Greater Sudbury Fire Services. These meetings are necessary to ensure the apparatus is built to the Department's specification and to detect and prevent/minimize any potential deficiencies or change orders. The trip was very successful and the vehicle is now being constructed, with a tentative delivery date of October 2019.



** Aerial Ladder will be similar to vehicle pictured*



Training

Training involves the development and delivery of fire service related training programs, including recruit training, officer development, emergency care, equipment operator training, fire suppression, and fire prevention. The Training Officers also oversee operation of fire training grounds.

Training with the Canadian Armed Forces

The Joint Rescue Coordination Centre (JRCC) of the Canadian Armed Forces, Search and Rescue personnel trained with Fire Services staff on two occasions to demonstrate rescue capabilities, tactics, and best practices when performing technical rescues in different conditions and situations.





Greater Sudbury Paramedic Services Update Report

Presented to: Emergency Services Committee on February 6, 2019

This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on good news stories and relevant statistics as well as recent business activities within the Paramedic Services Division of the Community Safety Department.

Greater Sudbury Paramedic Services is responsible for the delivery of a performance-based paramedic service that is in compliance with legislative and regulatory requirements, ensuring pre-hospital emergency medical care and transportation to those individuals suffering injury or illness focuses on clinical excellence, response time performance, patient outcomes, patient satisfaction, continuous quality improvement, and a healthy work environment conducive to professional growth.

Good News Stories

Exemplary Service Medal

Advanced Care Paramedic Scott Infanti received the Exemplary Services medal at the Ontario Association of Paramedic Chiefs Conference in September. The Emergency Medical Services Exemplary Service Medal is a National service medal that honours 20 years of exemplary service by professional pre-hospital emergency medical service personnel.

Every ten years, after a Paramedic receives the 20-year medal Paramedics are then eligible to receive an additional bar for Exemplary Service. This year ACP Paul Bradley, ACP Luke Leslie and ACP Gilles Masse all received their 30 year bar.

Community Safety Recognition Night

On October 4th, 2018 we held our Community Safety Recognition Event. The evening was an opportunity to honour the men and women from our Service for their years of work as well as present our peer recognition awards for the combined years of 2016/2017. Members of the community and citizens were also acknowledged for their continued partnerships with Paramedic Services. We were fortunate to have with us that evening a number of dignitaries and peers to help in presenting numerous pins, bars and medals in acknowledgement of the years of dedicated service provided by our administration and front-line workers on municipal, provincial and federal levels.

A number of awards were also distributed to Community Safety employees, community partners, businesses and citizens who demonstrated exemplary support to the Community Safety Department.

Paramedic Services Update Report – Wednesday, February 6, 2019



2016/2017 Community Partnership Award was given to Cartier Emergency First Response (EFR). The Cartier EFR Team has been responding to emergencies as far back as the 1980s. No matter what time of the day or night, they offer an extra hand of support by providing first aid to those in need and providing detailed updates to the responding emergency crews. That dedication to community as well as to fire and paramedic crews and police officers is invaluable and worthy of this award.

2016/2017 Citizen Valour Award was given to Dennis Wickie. On September 21, 2016, Mr. Dennis Wickie witnessed a plane crash on Fairbank Lake. He rescued one passenger from the downed plane and brought that person to his own residence. He then returned to the scene and dove into the frigid waters of the lake in an effort to rescue the pilot. Unfortunately, the plane sunk out of reach. Mr. Wickie's acts of bravery had a lasting impact on all the first responders who answered the call.

As previously noted, pins, bars and medals were awarded to Paramedic Services personnel in recognition of community milestones. Those not in attendance received their honours within their stations. The following is the list of recipients for 2016/17.

10 Year Service Pin

Jean-Paul Arsenault	Jonathan Blier	Kathryn Bobbie	Kris Desjardins
Alexandre Martel	Kristopher Purdy	Darren Sargent	Marc Ungar
James Urquhart			

15 Year Service Pin

Aaron Barney	Danielle Coutu	Lyndsay Fearnley-Ungar	Kirsten Kingsley
Curtis Labelle	Gaetan Lagrandeur	Stacey Lauzon	Summer MacIsaac
Terry Noel	Melissa Roney	Vincent Roy	Luc Simard
Daniel Theriault	Annik Thibault	Valerie Trottier	Patrick Trudeau

20 Year Service Pin

Patrick Davidson	Dennis Melanson
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30 Year Service Pin

Stephen Kutowy

Exemplary Service First Bar

Luke Leslie	Gilles Masse	Paul Bradley
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Community Safety Administration 10 Year Service Pin

Line Dubreuil



Paramedic Week

In May of every year, one week is Paramedic Week across Canada. In 2018, running from May 28 to June 3, the theme was Health, the Community and You. The idea behind the theme was to highlight the expanding role of paramedics in the community as allied health professionals.

Paramedic Week was kicked off at a ceremony at our Headquarters in Azilda. Greater Sudbury Paramedic Services visited several local venues throughout the community, educating citizens on Paramedic Services. Paramedics were at the YMCA, Hanmer Valley Shopping Centre, Place Bonaventure Mall and the Real Canadian Superstore during the week.



Paramedics Rescue Woman from Burning Building

On November 2, 2018 Paramedics Jennyfer Leblanc, Channele Frappier-Doyon, Samantha Mclean and Susan Easter (not pictured) rescued a woman from a burning building.



The paramedics were responding to a medical call in the Minnow Lake neighbourhood when they saw smoke billowing from a nearby two-story apartment. They noticed a woman inside one of the apartment unit windows yelling for help. The woman was disoriented due to the flames and smoke. Paramedics yelled at the woman to open the window, which she did. Paramedic Easter ripped the screen off the window and grabbed the woman, pulling her out of the window. The woman was brought to safety and treated for her injuries. The Service commends all four paramedics for their quick response and actions.



Second Annual "Fill an Ambulance"

Sudbury Paramedics, along with Paramedic Students from Collège Boréal worked closely together to help the local food bank. This initiative was a huge success again this year. With the assistance of the community, 3586 pounds of food and \$\$2,736 in cash donations were collected.



Greater Sudbury Paramedic Services Statistics

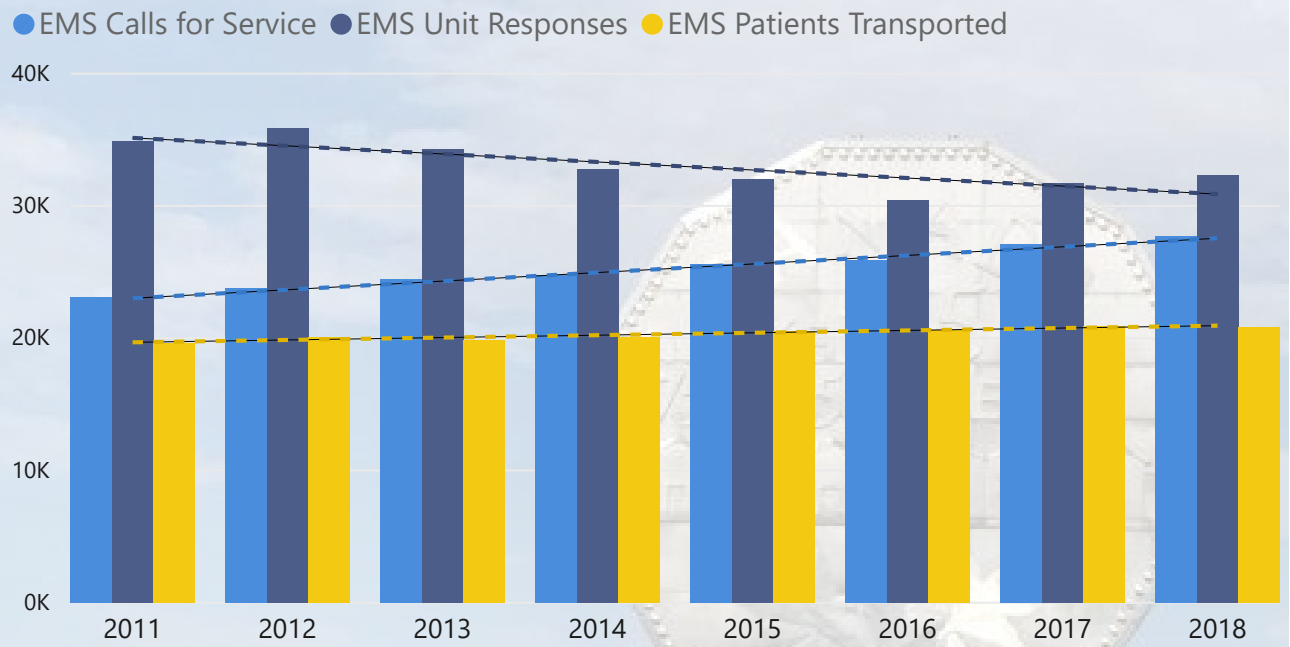


Calls for Service / Unit Responses / Patients Transported by Year

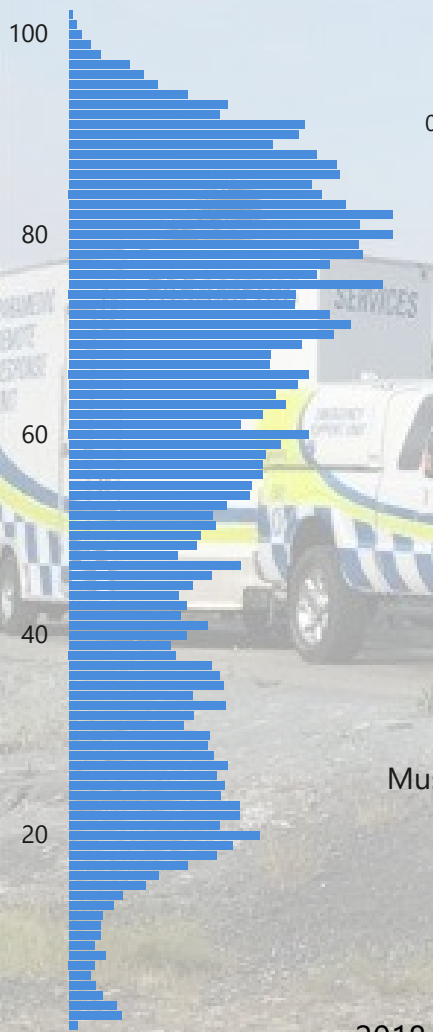
27732
EMS Calls for Service

32316
EMS Unit Responses

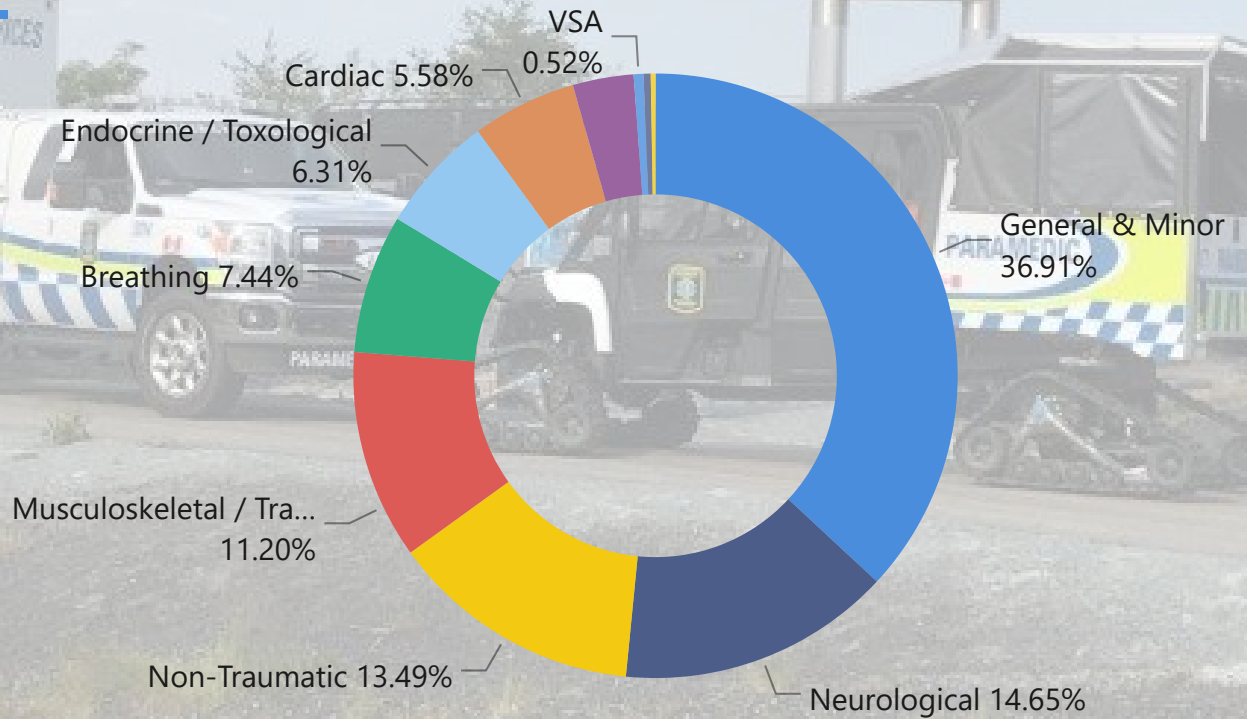
20832
EMS Patients Transported



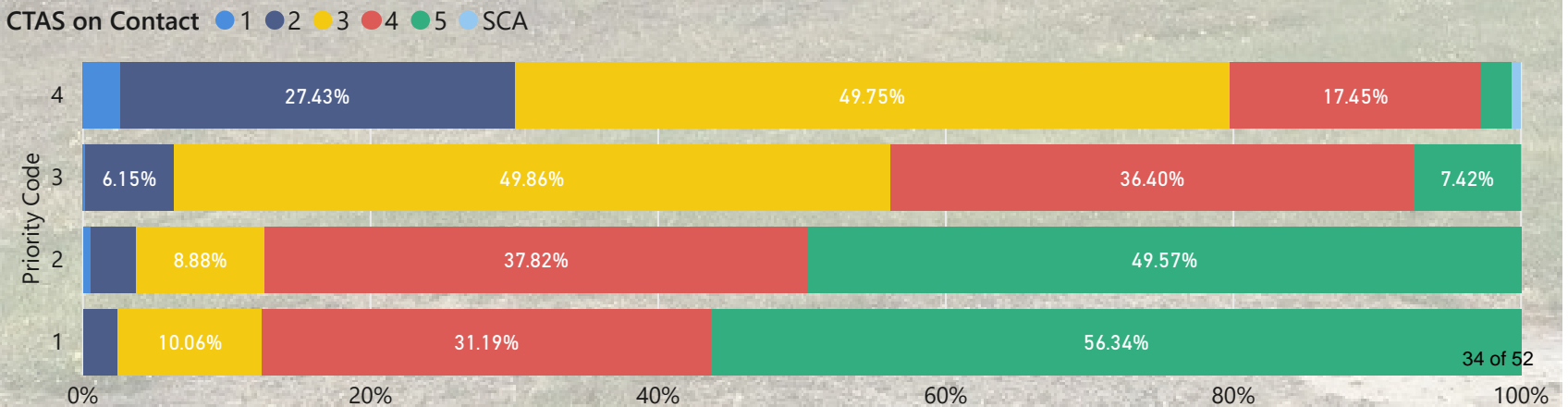
2018 No. of Calls by Age



2018 Calls by Problem Group



2018 Patients Transported by Dispatch Priority vs. CTAS on Contact





Paramedic Services Statistics Defined

Paramedic Calls for Service

A measure of unique calls received by Greater Sudbury Paramedic Service from the Ministry of Health and Long Term Care (MOHLTC) – Central Ambulance Communications Centre (CACC) that resulted in a response by Paramedics.

Paramedic Unit Responses

A measure of the number of Paramedic units dispatched by the CACC to service the emergencies. This number will typically be higher than calls for service as some calls necessitate the use of multiple ambulances, Paramedic Response Units, or Superintendent units.

Paramedic Patients Transported

The number of patients transported from a pick up location to a destination on both an emergency and non-emergency basis.

Calls for Service/Unit Response/Patients Transported by Year

A comparative chart detailing, since 2011, the three measures together.

2018 Number of Calls by Age

A clustered bar chart detailing the age of each patient encountered. The purpose of this chart is to detail the effects of the aging population in comparison to call volumes.

2018 Calls by Problem Group

A pie chart detailing the categorized primary problem of each patient who was transported. Paramedics detail in great granularity the primary problem as assessed and treated where possible. These primary problem codes have been rolled up into primary categories as detailed on the Patient Care Record and displayed here.

2018 Patients Transported by Dispatch Priority vs. CTAS on Contact

A metric consisting of a 100% stacked bar chart that measures the urgency at which Paramedics are dispatched by the CACC against the actual patient acuity at patient contact.

Ambulance Communications Officers (ACOs) at the CACC currently use a system called the Dispatch Priority Card Index (DPCI) when determining a patient priority. This system automatically generates a priority based on the series of questions answered by the caller of the emergency. Then, once on scene, Paramedics assign a detailed Canadian Triage Acuity Scale (CTAS) rating based on the patient's presenting condition acuity.



- **Code 1** “Deferrable” (no time factor) e.g. a non-scheduled transfer with no definitive time factor, a minor injury
- **Code 2** “Scheduled” (time is a factor) e.g. inter-hospital transfers for scheduled diagnostic tests, a scheduled meet with an air ambulance, patient transferred for a scheduled appointment.
- **Code 3** “Prompt” – transport without delay (serious injury or illness, e.g. stable fracture)
- **Code 4** “Urgent” – where the patients “life or limb” is at risk (e.g. Vital Signs Absent patient; unconscious).

CTAS is a widely recognized rating scale used within Canadian healthcare institutions. There are five different CTAS ratings.

- **CTAS 1:** Severely ill, requires RESUSCITATION
 - Requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (e.g. arrest, and major trauma or shock states).
- **CTAS 2:** Requires EMERGENT care and rapid medical intervention
 - Requires emergent care and includes conditions that are a potential threat to life or limb function, requiring rapid medical intervention or delegated acts (e.g., head injury, chest pain or internal bleeding).
- **CTAS 3:** Requires URGENT care
 - Requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention, such as mild to moderate asthma, moderate trauma or vomiting and diarrhea in patients younger than two years.
- **CTAS 4:** Requires LESS-URGENT care
 - Requires less-urgent care and includes conditions related to patient age, distress or potential for deterioration or complications that would benefit from intervention, such as urinary symptoms, mild abdominal pain or earache.
- **CTAS 5:** Requires NON-URGENT care
 - Requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system, such as sore throat, menses, conditions related to chronic problems or psychiatric complaints with no suicidal ideation or attempts.



Paramedic Operations

The operations section provides pre-hospital emergency medical care and transportation as well as non-urgent transportation between health-care facilities, the airport and residences.

Triennial Ambulance Service Review

The Ministry of Health and Long Term Care (MOHLTC) conducted their review of our Service on September 11-13, 2018. The purpose of the Ambulance Service Review is to ensure Ambulance Services are operated in a manner consistent with the Land Ambulance Certification Standards and in compliance with the legislation. Services are required to successfully complete the prescribed Ambulance Service Review certification process once every three (3) years in order to maintain their certification to operate the Service. Greater Sudbury Paramedic Services has successfully completed the Land Ambulance Certification Program and is awaiting to the MOHLTC Ambulance Service Review - Final Report. An information report regarding the results of the review will be tabled at the April Emergency Services Committee meeting.

Professional Development of the Platoon Superintendent (PS) Group

The Paramedic Services Division is committed to the professional development of our staff. One aspect of professional development for the PS group involves the Harvard Business Management program. This program is not unique to Paramedic Services as employees with other departments also participate in this program.

Over the past few months, Paramedic Services has also worked closely with Jack Miller & Associates, in conducting Profile Assessments. These assessments provide feedback to each PS, providing direction for their professional development plan. Based upon the individual assessments, a departmental plan will be developed for the entire PS team with a focus on effective teamwork. These professional development plans demonstrate the commitment to address one of the major Corporate themes of "Professional Growth", identified as an area for improvement from the employee survey completed earlier in 2018.

Diversion Protocol

Within the protocols of a pilot program with Health Sciences North Centre for Prehospital Care, Paramedics are able to offer an option of transport destination to appropriate 9-1-1 patients that divert them from the Emergency Department. This diversion strategy will assist our health care system by ensuring the patient receives the right care at the right time. The options of destination include; either the normal protocol to the Emergency Department, Withdrawal Management Services or Crisis Intervention Services. Additionally, there is the possibility to have the Crisis Intervention Mobile Team respond directly to the patients' homes.

Being the first in the province of Ontario to initiate an alternate destination diversion pilot program, Greater Sudbury Paramedic Services has been recognized by our peers around the province for our innovation. Municipalities such as Sault Ste. Marie, Hamilton and London have requested



information on our delivery model to assist in commencing their own diversion programs in efforts of bringing similar benefits to their regions.

With the opening up of the Ambulance Act and the potential for more destination options, Paramedic Services is currently looking at collaborating with other community care providers such as Primary Care Offices and those that provide cultural consideration as part of their care in an effort to expand our diversion pilot. The following are the numbers of patients diverted from the Emergency Department of the hospital in 2018:

- **89** to Withdrawal Management Services
- **47** to Crisis Intervention Services/Mobile Crisis Intervention Team

Diversion to appropriate care program aligns with the Ontario government's Patients First 4 Key Pillars; providing access to the right patient, connecting patients to the right care, providing education and protection of our health care system by ensuring the fiscally responsible path has been chosen.

Professional Standards

Professional Standards is responsible for the delivery of quality assurance programming consisting of clinical and service delivery auditing with the goal of improving patient safety and ensuring high quality clinical care thereby reducing risks. By also managing the electronic patient care record system, including quality assurance oversight, Professional Standards coordinates legal proceedings and maintains compliant handling of patient medical records within various legislative and regulatory requirements. Lastly, Professional Standards represents Paramedic Services amongst stakeholders within the community and participates in research studies to advance and ensure integration into the health-care framework.

Opioid Surveillance Working Group

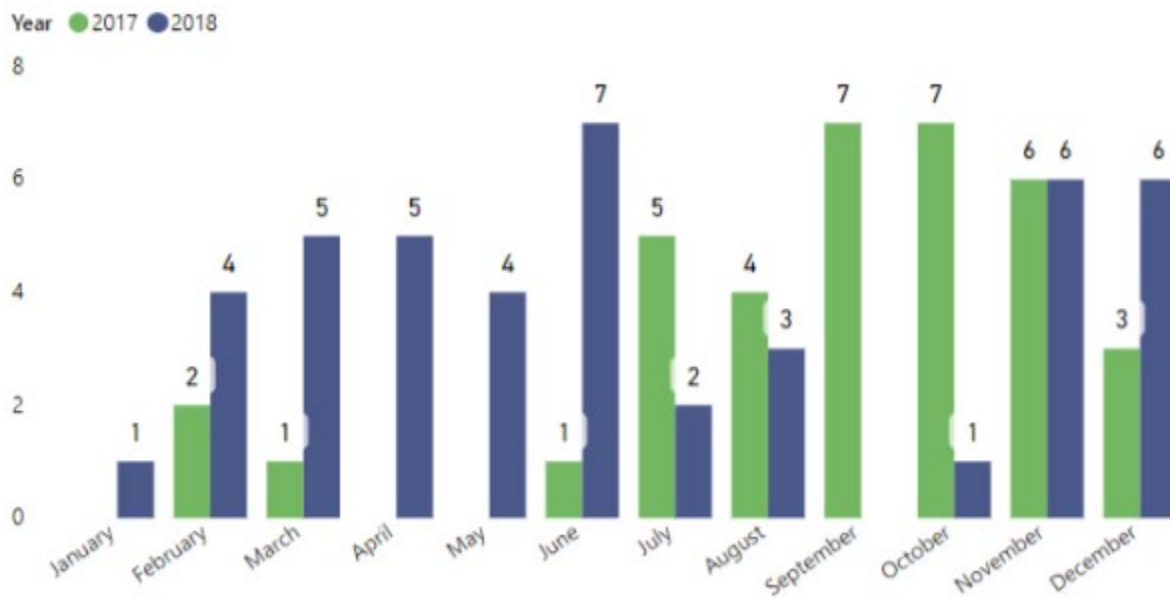
Paramedic Services sits on three levels of the Community Drug Strategy (CDS); CDS Steering Committee, CDS Treatment Pillar working group and CDS Surveillance working group. In 2018, the CDS Surveillance working group was tasked with developing an early alert system for opioid related emergencies in our community. Members of this group include Greater Sudbury Paramedic Services, Health Sciences North, Greater Sudbury Police Services and Public Health Sudbury and Districts (PHSD). A more detailed information report on this important initiative is also on tonight's agenda.



Paramedic Suspected Overdoses

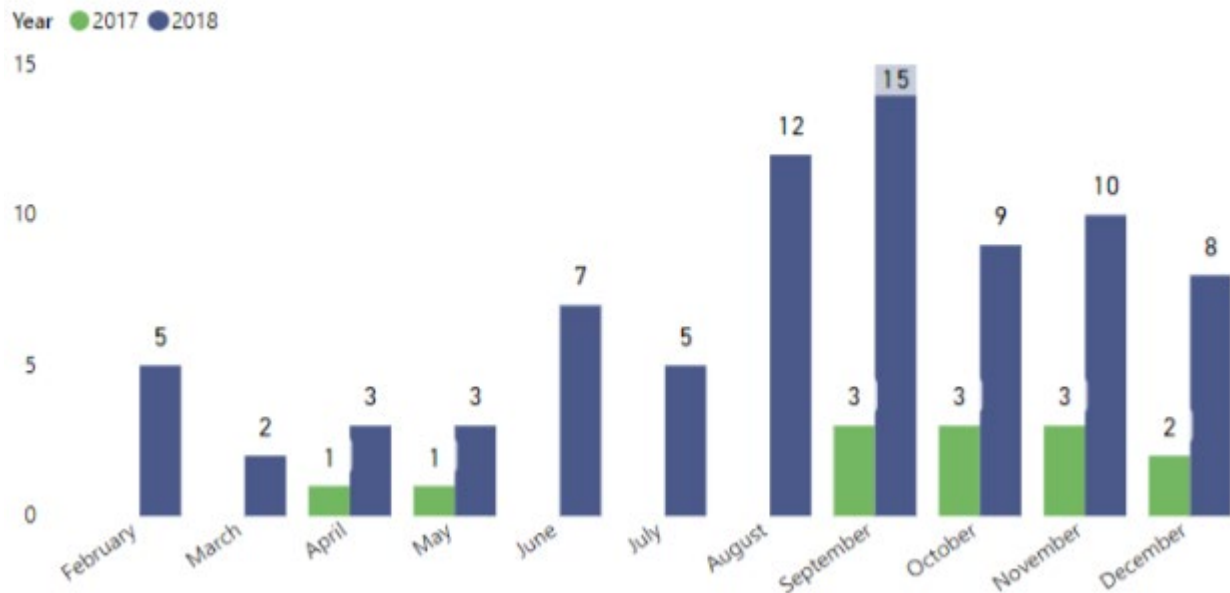


Naloxone Administration by Paramedic





Naloxone Administered by Non Paramedic



Logistic & Training

The Logistics Section provides cleaning, management and maintenance of the paramedic vehicle fleet, city heliports, specialized vehicles, and patient care equipment with the goal of ensuring vehicles and equipment are sanitized and stocked in accordance with all legislative requirements.

Training involves the development and delivery of paramedic education that includes: continuing medical education, orientation for new hires and those returning following extended absences, and remedial education to address identified gaps in knowledge, skill or critical decision making.

Additionally, participation on national and international clinical research initiatives aims at improving pre-hospital clinical care.

New/Improved Equipment

- **SKED** – patient extrication device added to PRU vehicles. Ability to easily extricate patients in locations where a normal stretcher cannot access. This sled-like unit rolls up neatly into a small space, is easily deployed, will make patient extrication more efficient and safer for all.
- **Replacement laptops** – Panasonic CF33 laptops have been procured and will be deployed to replace aged technology. These units were chosen due to stronger computing performance, longer battery life and ruggedness. We anticipate less downtime due to damage and technical performance.



- **Power Stair Chair Patient Extrication Equipment** – We are expecting improved safety for both employees and patients during extrication where staircases are involved. A more detailed information report on this project is also on tonight's agenda.
- **Vehicle suspension improvements** – investigating alternative leaf springs for the rear of the ambulances that could provide a smoother ride for patient comfort and safety. A low cost improvement that will be tested 2019, if successful this option could be included in future vehicle purchases.

Training Programs

- **safeTALK Suicide Awareness Certification Program** – is a program that complements the ASIST program delivered in early 2018 as part of our Post Traumatic Stress Disorder (PTSD) Prevention Plan. This program was delivered to all Platoon Superintendents and Peer Support Network Team members. This program prepares helpers to identify persons with thoughts of suicide and connect them to suicide first aid resources.
- **Working Minds for Families** – The Road to Mental Readiness (R2MR) Family program was delivered in late 2018 to families of Paramedics. This program for families of first responders is based on a program initially developed by the Department of National Defence and adapted for the special needs of a law enforcement/first responder audience. The main objectives of R2MR are to reduce the stigma of mental illnesses, increase awareness of mental health, and offer resources to maintain positive mental health and increase resiliency. The program teaches family members about the 'Big 4'. The Big 4 are a set of evidenced-based cognitive behavioural theory techniques that can help individuals cope with stress and improve their mental health and resiliency; positive self-talk, visualization, tactical breathing, and SMART goal setting.
- **Fall Training Sessions** – As the holiday season commenced, the training section completed delivery of our annual Fall Training rounds to all Paramedic staff. Topics in this training session included an intense review and practical application of objectives related to responding to and managing Multiple Casualty Incidents, CPR recertification, training on the Zoll Rapid Shock Study and training on the orientation and safe use of the recently purchased and deployed Ferno Powertraxx Stair Chairs. This power technology-lifting device was deployed in an effort to support the safety of both staff and patients while extricating patients involving stairs.

Community Paramedicine

The Community Paramedicine Section utilizes Paramedics in non-traditional roles providing home visits, clinical interventions, and preventative health initiatives with the goal of reducing demand for Emergency Department visits, hospital admissions and to keep our at risk aged population healthy and at home and attempting to aid our vulnerable populations by directing them to suitable community resources. There are two distinct programs; the Care Transitions Community Paramedicine Program and the Health Promotion Community Paramedic Program.



Care Transitions Community Paramedicine Program

The Care Transitions Community Paramedic (CTCP) Program has been active since January 12, 2015. This program is operationalized by two full time specially trained Advanced Care Paramedics who are able, through an expanded scope of practice, to provide education and medical interventions for three targeted chronic diseases; Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Diabetes. The education and interventions improve our patients' quality of life at home and decreases reliance on emergency response of Paramedic Services and readmissions to the hospital.

June 1 to December 31, 2018:

- **221** Current active patients received **1169** visits completed.
 - Phone consultations = **93**
 - Initial visits = **115**
 - Follow-up = **809**
 - Just in time (JIT) = **141**
- Medical Procedures
 - **109** Medication administrations
 - **159** iSTAT point of care blood testing
 - **156** Delegated Acts
 - **171** Capillary blood glucose testing
 - **69** On Call Physician consultations (via phone)
- Referrals to other care agencies = **136**
- Just in Time Visits (JIT) are more urgent visits that occur when the patient contacts the CTCP outside of the patients' scheduled appointment requesting assistance for a new symptom or an exacerbation of a medical condition. The paramedic will see this patient immediately before any of the scheduled appointments for the day.
- Challenge – From June 1 to December 31, 2018, out of total 213 available days the CTCP program was open **161** days and closed **52** days due to staffing challenges. This program currently has two FTE positions that work seven days a week, 12 hours per day. Solutions to staffing issues are currently being developed with the goal of training new Community Paramedics to assist in filling in for vacation, illness etc.
- Survey results from 2018 indicate 100 % would recommend the program and 100 % are satisfied with the service provided by CTCPs. We are currently working to complete further surveys and comments for future reports as extra modified worker staffing will allow.

Health Promotion Community Paramedic Program

The Health Promotion Community Paramedic (HPCP) program is a compilation of various prevention and health education initiatives that work to ensure our most vulnerable populations are linked to



community health services and can obtain healthy lifestyle education and prevention information. The initiatives provided include Paramedic Referrals to community agencies; Wellness Clinics targeting older adults and homeless populations; Rapid Mobilization Table (RMT) response; collaboration with community partner groups working toward healthy and safe communities; case management of frequent 9-1-1 users and annual Free Bystander Hands-Only CPR training sessions for our citizens. The goals of these initiatives are to ensure our vulnerable populations are able to remain living with their health at home for longer without reliance on Paramedic Services or the local Emergency Department.

June 1 to December 31, 2018 *:

- **282** Paramedic Referrals to NE LHIN Home and Community Care (previously known as CCAC)
- **96** Shelters Clinics
- **100** Older Adult Clinics (CP@Clinic)
- **44** Community Health Concern Reports (*June 1 to November 1, 2018)
- Rapid Mobilization Table
 - Originating agency = **14** presentations
 - Lead agency = **3** situations
 - Assisting agency = **119** situations
 - Engaged in **124** working group situation discussions out of a total of 253 RMT discussions occurring in 2018
 - Paramedic Services was involved in **49%** of total RMT discussions

CPR Blitz 2018

Paramedic Services held twenty-six CPR Blitz Sessions across the City throughout February/March and October/November/December 2018. During these sessions, **635** citizens were taught the lifesaving skill of Hands Only Bystander CPR and Automated External Defibrillator (AED) use. In order to be successful, Paramedics worked outside of their regular schedule to assist in teaching this life saving skill to the participants.

The survey results for these sessions were overwhelmingly positive. 100% of participants surveyed would take this course again and felt they would confidently know what to do if faced with witnessing a sudden cardiac arrest. In total, since 2014 Paramedic Services have taught **1422** citizens of the Greater City of Sudbury these lifesaving skills



Research Study Participation

Community Paramedicine Program- CP@Clinic Study

HPCP program has signed an extension and expansion Collaborative Research Agreement with McMaster University. We have expanded the older adult clinics into two Greater Sudbury Housing Corporation buildings in the south end area of Sudbury; while transitioning our previous buildings on maintenance visits (1x monthly). By the end of first quarter 2019 we plan to also complete expansion into two buildings in Capreol.

Community Paramedicine – CP@Home

The CP@Home Collective Research Agreement was also signed in late fall of 2018. This will be the first time this program will be run by our Community Paramedic Programs. This proactive research program in partnership with McMaster University, targets our frequent 9-1-1 users who rely on Paramedic Service to assist with unmet needs in their homes. HPCP provides in home visits, assessments, education and community program links/referrals to lessen the reliance on the emergency health care system and refocus help to derive from community health care services. This program is a sister program to CP@Clinic. Training will begin for our staff in early 2019.

Community Paramedicine – Common Assessments for Repeated Paramedic Service Encounters (CARPE)

In conjunction with McMaster University, Paramedic Services began participation in this research study in October 2018. The primary objective of this study is to investigate outcomes associated with older adults that are assessed in a Community Paramedicine Program. This includes frequent 9-1-1 calls, functional decline, social isolation, disease progression, and mortality. Through participation in this study we seek to determine if a Community Paramedic using a standardized assessment tool can identify risk factors associated with these outcomes. A standardized assessment tool that captures the full breadth of Paramedic observations will be important to improve care planning and for identifying changes in patient status.

Phase one which included training and orientation of Community Paramedics is complete, phase two will begin mid-January and intake of new clients will continue throughout the rest of the study, ending late spring 2019.

Paramedic Services – Zoll Rapid Shock Study

Paramedic Services began participating in an observational retrospective research study in December 2018, call the Zoll Rapid Shock Study. This study is designed to compare new and old software in our Zoll defibrillators, to see if this new software shortens the time between when paramedics stops CPR and shock delivery and then the time when CPR is resumed. We are very interested in this study because the best treatment for cardiac arrest is high quality CPR and rapid defibrillation. This study

Paramedic Services Update Report – Wednesday, February 6, 2019



will run for two years with the Principal Investigator being Emergency Services Medical Director, Dr. Jason Prpic.

For Information Only

Paramedic Services Opioid Surveillance and Reporting

Presented To: Emergency Services Committee

Presented: Wednesday, Feb 06, 2019

Report Date Friday, Jan 18, 2019

Type: Correspondence for Information Only

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

Quality of Life and Place

Report Summary

This report was prepared to provide the Emergency Services Committee with information regarding the collaboration between Paramedic Services and Public Health Sudbury and Districts Community Drug Strategy in developing a community early warning system for opioid related incidents.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

Melissa Roney
Acting Deputy Chief of Emergency Services
Digitally Signed Jan 18, 19

Financial Implications

Jim Lister
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Report Summary

This report for information was prepared to provide the Emergency Services Committee with information regarding the collaboration between Paramedic Services and Public Health Sudbury and Districts Community Drug Strategy in developing a community early warning system related to opioid related incidents.

Paramedic Services Opioid Surveillance and Reporting

Background

In November, 2015 the Community Drug Strategy (CDS) published a Call to Action that was endorsed by the City of Greater Sudbury (CGS) Council in October 2015. The City of Greater Sudbury Paramedic Services has been an active member of the City of Greater Sudbury Community Drug Strategy (CGSCDS) Steering Committee since its inception.

The CDS is a Call to Action, providing a community focused strategic map to address the issue of substance misuse. At this table are members with a range of knowledge and experience, and a variety of backgrounds representing the geographical area, sectors and demographics of the City of Greater Sudbury. The vision of this Committee is to have a community working together to improve the health, safety, and well-being of all individuals, families, neighbourhoods, and communities by reducing the incidence of drug use and creating a society increasingly free of the range of harms associated with both substance misuse and use (CGSCDS Call to Action). The committee's objective is to facilitate the implementation of the recommendations contained within the CDS. The five foundations of the CDS are:

1. Health Promotion and Prevention of Drug Misuse;
2. Treatment;
3. Harm Reduction;
4. Enforcement and Justice;
5. Sustaining Relationships.

With opioid misuse incidents on the rise in 2017, the Ministry of Health and Long-Term Care (MoHLTC) announced new investments to Boards of Health that focused on four key areas; appropriate pain management, treatment for opioid users, harm reduction, and surveillance and reporting.

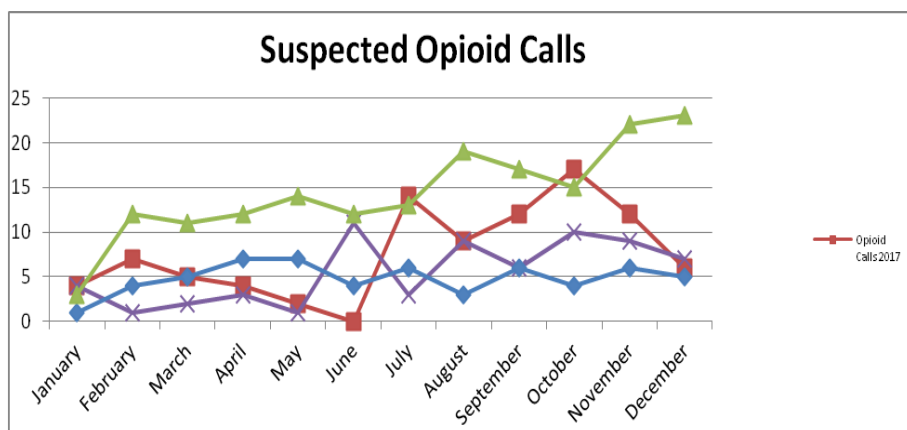
Opioids

Prescription opioids are used by doctors, nurse practitioners and dentists to treat moderate to severe pain. Misusing prescribed opioids or taking street opioids can lead to addiction, overdose and even death. Some commonly prescribed opioids include codeine, fentanyl, hydromorphone, methadone, morphine and oxycodone. Street opioids include any of the aforementioned opioids in their original or fake form, such as, street fentanyl and heroin. Fentanyl and Carfentanyl are some of the most potent

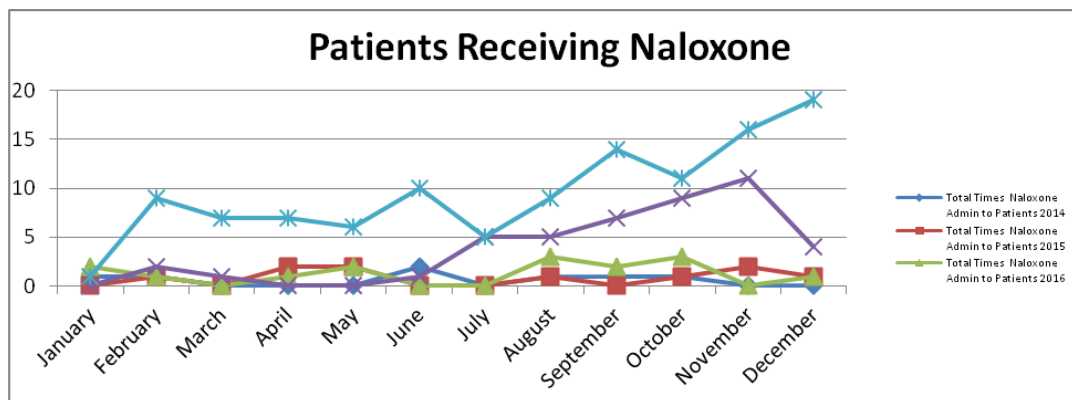
opioids and both have been found in Ontario street drugs. Management of opioid overdoses by Paramedic Services personnel includes airway management and continuous assessment of oxygenation and ventilation, along with administration of Naloxone in select cases. Naloxone is a medication which can temporarily reverse an opioid overdose.

City of Sudbury Paramedic Services Opioid Overdose and Naloxone Use Tracking

The following data displays the number of suspected opioid overdose occurrences and Naloxone use tracked by Paramedic Services that is now being made available to Public Health Sudbury and Districts for the purpose of developing an early warning system. Public Naloxone administration is increasing and Paramedic administered Naloxone numbers are decreasing as access to Naloxone becomes more readily available to the public.



Opioid Calls				
	2015	2016	2017	2018
January	1	4	4	3
February	4	1	7	12
March	5	2	5	11
April	7	3	4	12
May	7	1	2	14
June	4	11	0	12
July	6	3	14	13
August	3	9	9	19
September	6	6	12	17
October	4	10	17	15
November	6	9	12	22
December	5	7	6	23
Total	58	66	92	173
% Increase		14%	40%	88%



Naloxone Administration By Paramedic					
	2014	2015	2016	2017	2018
January	1	0	2	0	1
February	1	1	1	2	4
March	0	0	0	1	3
April	0	2	1	0	4
May	0	2	2	0	4
June	2	0	0	1	6
July	0	0	0	5	2
August	1	1	3	4	2
September	1	0	2	6	0
October	1	1	3	7	1
November	0	2	0	7	6
December	0	1	1	3	6
Total	7	10	15	36	39
% Increase		43%	50%	140%	8%

Naloxone Administration by Non Paramedic		
	2017	2018
January	0	0
February	0	5
March	0	4
April	0	3
May	0	2
June	0	4
July	0	3
August	1	7
September	1	14
October	2	10
November	4	10
December	1	8
Total	9	70
% Increase		678%

Opioid Surveillance and Reporting – a collaboration between Paramedic Services and the Community Drug Strategy

Proactively, in early 2012 Paramedic Services developed a tracking system for the purpose of monitoring and noting any increases in opioid related community health emergencies. This surveillance was warranted due to the increase in opioid related incidents associated with oxycodone across the country. We continued surveillance of all opioid related calls and by 2015 the Ministry of Health and Long-Term Care (MoHLTC) required all Paramedic Services to commence tracking this call type, as well as Naloxone usage by Paramedics and the public. Additionally, the MoHLTC requested electronic patient care records (ePCR) vendors to add the “opioid” data field to the patient care record for more reliable data and a more efficient screening of opioid related overdoses from the other overdose related call types.

Paramedic Services sits on three levels of the CDS, CDS Steering Committee, CDS Treatment Pillar working group, and CDS Surveillance working group. The CDS Surveillance working group is tasked with the development of an early warning system for opioid related emergencies in our community. Members of this group include CGS Paramedic Services, Health Sciences North (HSN), Greater Sudbury Police Service (GSPS) and Public Health Sudbury and Districts (PHSD). Key components of an opioid overdose early warning system include:

- Establishing membership of an integrated community response;

- Establishing formal collection and reporting mechanisms for local data sources used to identify observed changes in the community “triggers” that would suspect that a surge in opioid overdoses is occurring;
- Development of an action plan in response to a surge in opioid overdoses.

While at the CDS table, CGS Paramedic Services were able to volunteer early warning data we had been collecting since 2015. Although this data was disclosed as being raw, (i.e. did not contain any personal health information and was solely based on Paramedic assessment both of the patient and from the scene of the emergency), it was identified as being the most current. This data was notable in that there are no other data sources as current as ambulance call data. Emergency Department, Coroner, or Institute for Clinical Evaluative Sciences (ICES) data could not be provided early enough to be purposeful to support the necessary timely integrated community response for the detection of a surge.

The utilization of Paramedic Services data for enhanced monitoring of opioid emergencies as an alert for our community can allow community service agencies and opioid users to be informed, prepared and empowered with real time knowledge of local opioid misuse trends.

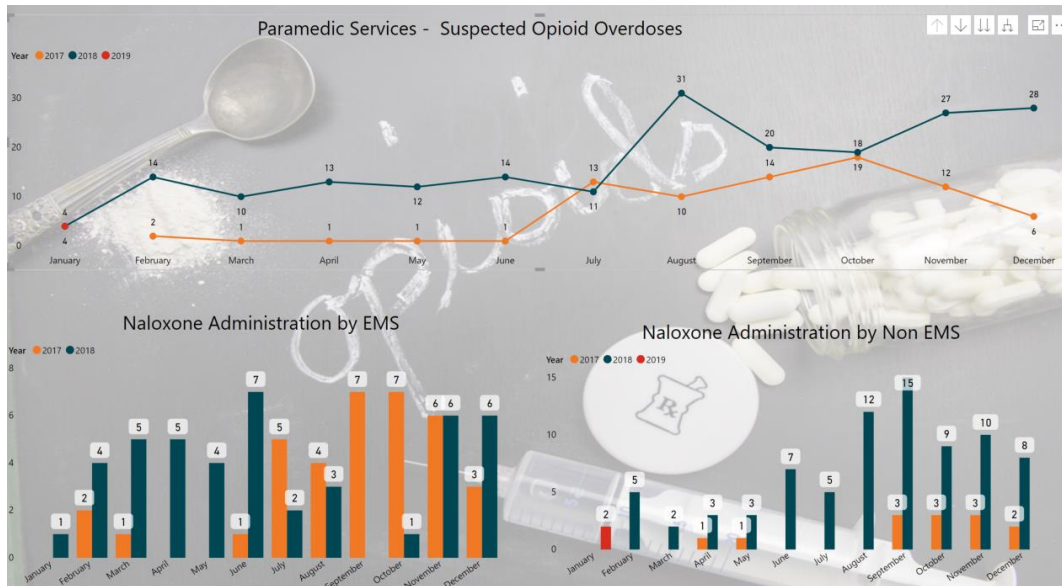
Following the establishment of the Data Sharing Agreement, work commenced by Paramedic Services to develop a data dashboard to be accessible to the CDS Steering Committee. A sample of the dashboard can be found below (Appendix 1). Public Health will be using a syndromic surveillance aberration detection and analysis protocol which is a formula to identify statistically significant increases in opioid-related community emergencies. Together with Public Health we will be building the aberration detection into our dashboard where data is analyzed and if it finds specific standard deviations over a period of time it will meet the threshold for an alert. This just means alerting PHSD and CDS staff that Paramedic Services have seen a spike in suspected opioid overdoses. As a result, PHSD and the CDS will reach out for corroborating evidence from collaborating agencies. PHSD and CDS then decide whether or not a community alert is prudent. In order to alert the community of potential harm, the CDS has established a process to send out information on potential overdoses and other harms from substance use as a result of information they receive from other community partners (including GSPS, and outreach organizations). A sample of a CDS Warning from December, 2018 for CGS can be found in Appendix 2.

Successes to date:

- November 15, 2018 – Data sharing agreement between Public Health Sudbury and Districts was signed between the Chief/General Manager of Community Safety and the Medical Officer of Health and CEO Public Health Sudbury and Districts.
- December 17, 2018 – Paramedic Services Suspected Opioid Overdose data dashboard validation was completed. This was presented to PHSD for review and the integration of aberrant detection model work commenced. Work is still underway in sharing this dashboard to PHSD.

- Community Opioid alert issued by CDS in August, 2018 when alerted by Paramedic Services staff of a surge in suspected opioid overdoses; eight suspected opioid overdoses within the first four days.
- Public Service Announcement to community from CDS regarding a surge in suspected opioid overdoses when alerted by staff at Paramedic Services; eight suspected opioid overdoses over a 27 hour period December 20 and 21, 2018.

Appendix 1



Appendix 2



DRUG WARNING: INCREASE IN SUSPECTED OPIOID OVERDOSES

August 10, 2018

The Community Drug Strategy has received a report of a higher volume of suspected opioid overdoses in Sudbury.

While we cannot confirm the substance that has caused the overdoses, this situation serves as an important reminder to the community that street drugs may be cut or mixed with substances such as fentanyl or carfentanyl, and that even a very small amount of these substances can cause an overdose.

An overdose occurs when a person uses more of a substance, or combination of substances, than their body can handle. As a consequence, the brain is unable to control basic life functions. The person might pass out, stop breathing or experience a seizure. Overdoses can be fatal.

Prevent opioid overdose / save lives:

- Avoid mixing drugs, including prescribed, over the counter and illegal drugs.
- Avoid drinking alcohol while using other drugs.
- Use caution when switching substances: start with a lower dose than you usually would.
- If you have not used in a while, start with a lower dose. Your tolerance may be lower.
- Avoid using drugs when you are alone.
- Carry a naloxone kit.
- Call 911 if you suspect an overdose.

Overdose symptoms include:

- blue lips or nails
- dizziness and confusion
- the person can't be woken up
- choking, gurgling or snoring sounds
- slow, weak or no breathing
- drowsiness or difficulty staying awake

For a free naloxone kit, contact *The Point* at Public Health Sudbury & Districts, Réseau Access Network, Sudbury Action Centre for Youth (SACY) or ask your local pharmacist.

www.ontario.ca/page/get-naloxone-kits-free

Please distribute this information widely to help share the message.



Public Health
Santé publique
SUDBURY & DISTRICTS

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☎ 705.675.9171

Conclusion

Having the privilege of being a member of the Drug Strategy Steering Committee along with exposure in field operations, Paramedic Services recognizes the magnitude of substance misuse issues and the need for a comprehensive community strategy to address it. Paramedic Services is ready and remains engaged in taking action with all members of the Drug Strategy Steering Committee assisting in cross-community efforts working toward efforts to improve drug-related health and safety in our community.

<https://www.phsd.ca/alerts/increase-in-suspected-overdoses-december-21-2018-drug-warning>

<https://www.phsd.ca/health-topics-programs/alcohol-drugs/community-drug-strategy/news-alerts>

<https://www.ontario.ca/page/understanding-opioids>